

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on January 23, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, therapeutic exercises, neuromuscular reeducation and manual therapeutic techniques were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for dates of service from 08-01-03 to 09-24-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 31st day of March 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 25, 2004

MDR Tracking #: M5-04-1453-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic physician reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

According to the supplied documentation, it appears that _____ injured his lumbar spine while at work on _____. The documentation begins on 04/08/2003 stating the patient has pain and is requesting that he have surgery. On 04/16/2003, the claimant underwent an anterior lumbar interbody fusion with allograft L5-S1, a radical discectomy L5-S1 and an internal fixation at L5-S1. On 06/12/2003, _____ released the claimant to aquatic therapy. The claimant completed his aquatic program. On 11/13/2003, _____ performed a designated doctor exam on the claimant and determined the claimant was at MMI with a 10% whole person impairment. On 12/19/2003, _____ reported the claimant was not having pain and was ready to return to work. The documentation ends here.

Requested Service(s)

Please review and address the medical necessity of the outpatient services including office visits, therapeutic exercises, neuromuscular reeducation and manual therapeutic techniques rendered between 08/01/2003 and 09/24/2003.

Decision

I agree with the insurance company that the services rendered were not medically necessary.

Rationale/Basis for Decision

The claimant sustained an injury to his low back on _____. The documentation does not reveal what conservative therapy was performed prior to his lumbar surgery. After the claimant was released to therapy, the claimant underwent land based and aquatic therapy. Upon completion of his aquatic therapy, it would have been necessary to educate the claimant on an appropriate home-based exercise program. Continued physician supervised active therapy is not warranted or considered reasonable. The claimant was approximately 3 years post-injury and had undergone an adequate amount of therapy to understand the necessary exercises to continue to improve his condition. Passive therapy including massages, mobilization, trigger point therapy and manual traction is not considered reasonable 5 months after his surgery. The active therapy that was performed including riding a bike, walking, and machine weight could have been reproduced at home with some theraband without equipment and doctor supervision. Prolonged therapy could possibly induce doctor dependence and would not improve the claimant's compensable injury.